

Thomas O. Forslund, Director

Governor Matthew H. Mead

**WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
AMBULANCE PERMIT APPLICATION****Service Information:**

Service Name	Business License #	Service Type	
Street or PO Box	City	State	Zip

Ambulance Information:

Operator	Type of Ownership	Owner Name (If different from service)	
Owner Address: Street or PO Box	City	State	Zip
Make	Model	Vehicle Type	Manufactured License Plate Number
VIN #/Serial #	Registration Number (Aircraft only)	Aircraft Type (Air Service Only)	

Ambulance Location:

Station Street Address	City	State	Zip
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I hereby affirm that I will comply with all Rules and Regulations of the Department of Health's Office of Emergency Medical Services, 2008 revisions and as amended.

Name	Title	Date
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Signature